

... in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Chen

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Maui  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129

County Registrar No. 954

Local Registrar No. \_\_\_\_\_

No. 102 Maui Ave St \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nicholas Sandoval } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male } To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 1st 6. Legitimate? \_\_\_\_\_ 7. Date of birth Dec-6-1926  
Month day year

3. FATHER  
Full name Benito Sandoval

14. MOTHER  
Full maiden name Aurelia Sandoval

9. Residence (Usual place of abode) Maui, Ariz  
If nonresident, give place and state

15. Residence (Usual place of abode) Maui, Ariz  
If nonresident, give place and state

10. Color or race Mexican  
11. Age at last birthday 40 (Years)

16. Color or race Mexican  
17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Mexico  
(State or country)

18. Birthplace (city or place) Mexico  
(State or country)

13. Occupation Miner  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living \_\_\_\_\_  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn None

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 2 a. m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature C. J. Aotelma  
(Physician or midwife)  
Address Maui, Ariz  
P. O. Box  
Local Registrar.

Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
Month, day, year.

Filed Jan 3, 1927  
County Registrar.

Registrar.

433-1206-133